

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/525482**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		2				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		2				
18		2				
19		2				
20	1	2				
21		1				
22		2				
23		2				
24		2				
25		1				
26		2				
27		1				
28	1					
29		1				
30		1				
31	1					
32	1					
33	1					
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48						
49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	35	←		←		←
TOTAL CLAIMS	41					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						